

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>		10-02-01
O.I.P.E. CLASSIFIER	<i>MM</i>	32	10/25
FORMALITY REVIEW	<i>MM</i>	572	11-15-01
RESPONSE FORMALITY REVIEW	<i>BZ</i>	897	03-08-02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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 11/15  
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